

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

SmallPHAPlanUpdate
AnnualPlanforFiscalYear:2002

HOUSINGAUTHORITYOFTHECITYOF BEVERLY

**NOTE:THISPHA PLANSTEMPLATE(HUD50075)ISTOBECOMPLETEDIN
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHA Plan
Agency Identification**

PHAName: BeverlyHousingAuthority

PHANumber: NJ018

PHAFiscalYearBeginning: 10/2002

PHA Plan Contact Information:

Name: Gary J Centinaro

Phone (609) 387 -0250

TDD:

Email (if available) bha2@Comcast.net

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- ☒ Main administrative office of the PHA
PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
PHA development management offices
Main administrative office of the local, county or State government
Public library
PHA website
Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
PHA development management offices
Other (list below)

PHA Programs Administered :

Public Housing and Section 8 Section 8 Only ☒ Public Housing Only

AnnualPHAPlan
FiscalYear2002
[24CFRPart903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

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ii. Executive Summary

[24CFRPart903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

N/A

1.Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

- There are no changes from the previous year's plan.

2.Capital Improvement Needs

[24CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? **\$90,985.00**

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1)Capital Fund Program 5 -Year Action Plan

The Capital Fund Program 5 -Year Action Plan is provided as Attachment **C**

(2)Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment **B**

3.D Demolition and Disposition

[24CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)

1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition Disposition	
3. Application status (select one) Approved Submitted, pending approval Planned application	
4. Date application approved, submitted, or planned for submission:	(DD/MM/YY)
5. Number of units affected:	
6. Coverage of action (select one) Part of the development Total development	
7. Relocation resources (select all that apply) Section 8 for units Public housing for units Preference for admission to other public housing or section 8 Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

4. Voucher Homeownership Program

[24CFR Part 903.79(k)]

A. Yes X No : Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified).)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources

Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

-

-

5. Safety and Crime Prevention: PHDEP Plan

[24CFR Part 903.7(m)]

ExemptionsSection8OnlyPHAsmay skiptothenextcomponentPHAseligibleforPHDEPfundsmust provideaP HDEPPlanmeetingspecifiedrequirementspriortoreceiptofPHDEPfunds.

A. A. Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____ 0 _____

C. Yes ☒ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. Yes ☒ No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24CFR Part 903.79(r)]

A. A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are attached at Attachment (Filename)

3. In what manner did the PHA address those comments? (select all that apply)

The PHA changed portions of the PHA Plan in response to comments

A list of these changes is included

Yes No: below or

Yes No: at the end of the RAB Comments in Attachment _____.

Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment _____.

Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)

Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

Yes No Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

-

B. Significant Amendment or Modification to the Annual Plan:

-

-

-

-

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies check here if included in Section 8	Annual Plan Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Administrative Plan	
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99 -52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind 	Annual Plan: Safety and Crime Prevention

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	resources for PHDEP -funded activities; <ul style="list-style-type: none"> · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Attachment B

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHAName:HOUSINGAUTHORITYOFTHECITYOF BEVERLY		GrantTypeandNumber CapitalFundProgram:NJ39PO1850102CFP2002 Capit alFundProgram ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2002
XOriginalAnnualStatementReserveforDisasters/EmergenciesRevised					AnnualStatement
(revisionno:)					
PerformanceandEvaluationReportforPeriodEnding:		FinalPerformanceandEvaluationReport			
Lin e No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovements				
4	1410Administration				
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts				
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStructures				
11	1465.1DwellingEquipment — Nonexpendable				
12	1470NondwellingStructures	90,985			
13	1475NondwellingEquipment				
14	1485Demolitio n				
15	1490ReplacementReserve				

Attachment B

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHAName: HOUSING AUTHORITY OF THE CITY OF BEVERLY	Grant Type and Number Capital Fund Program: NJ39PO1850102CFP2002 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
----------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------

X Original Annual Statement Reserve for Disasters/Emergencies Revised (revision no:) Performance and Evaluation Report for Period Ending:	Annual Statement
----------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------

	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	90,985			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

[illegible]

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: HOUSING AUTHORITY OF THE CITY OF BEVERLY		Grant Type and Number Capital Fund Program #: NJ39PO1850102CFP2002 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2002		
Development Number Name/HA- Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

Attachment C

CapitalFundProgram5 -YearActionPlan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP5 -YearActionPlan		
X	Originalstatement	Revisedstatement
Development NumberNJ018	DevelopmentPHAWide (orindicatePHAwide)	
DescriptionofNeededPhysicalImprovementsorManagement Improvements	EstimatedCost	PlannedStartDate (HAFiscalYear)
Replaceroofing,gutters,soffitandfasciaonallbuildings	225,000	2003-2006
Replacesidewalksandcurbing	120,000	2004-2006
ReplaceOfficeEquipment	15,000	2003
Upgradeandexpandcomputerequipment	6,688	2003
PurchaseTractorandmaintenanceequipment	13,000	2003
AdministrationCostsforperiod	48,000	2003-2006
ArchitectandEngineeringforperiod	30,000	2003
ResidentTrainingforperiod	29,064	2004-2006
Totalestimatedcostovernext5years	486,752	

PHA Public Housing Drug Elimination Program Plan

NOT APPLICABLE

Note: THIS PHDEP Plan template (HUD 50075 - PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an "x") N1 _____ N2 _____ R _____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long.

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

12 Months _____ 18 Months _____ 24 Months _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extension or Waivers	Grant Start Date	Grant Term End Date
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address identify: the broad goals and objectives, the role of plan partners, activities. This summary should not exceed 5 - 10 sentences.

the needs of the target population/target area(s). Your summary should briefly and your system or process for monitoring and evaluating PHDEP -funded

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY ____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 - Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback/TAMatch	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	

TOTAL PHDEP FUNDING	

C. C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise — not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 –ReimbursementofLawEnforcement					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9115 -SpecialInitiative					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							

3.							
----	--	--	--	--	--	--	--

9116 -GunBuybackTAMatch					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9120 -SecurityPersonnel					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							

2.							
3.							

9130 – Employment of Investigators					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9140 – Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9150 - PhysicalImprovements					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9160 -DrugPrevention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9170 -DrugIntervention					TotalPHDEPFunding:\$		
-------------------------------	--	--	--	--	-----------------------------	--	--

Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9180 -DrugTreatment					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9190 -OtherProgramCosts		TotalPHDEPFunds:\$
Goal(s)		
Objectives		

ProposedActivities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

-

Required Attachment D__ :Resident Member on the PHA Governing Board

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: Ruby Dreher

B. How was the resident board member selected: (select one)?

☐ Elected

☒ Appointed

C. The term of appointment is (include the date term expires): January 2007

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

Other (explain):

B. Date of next term expiration of a governing board member:

C. C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Required Attachment __E__ : Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Ruby Dreher

Mary Weiss

John Fuller

Required Attachment __F__ : CIAP & CFP 3/31/ 2002 PROGRESS REPORTS

CIAP 1998 NJ 39 PO 1890398

CIAP 1999 NJ 39 PO 1890499

CFP 2000 NJ 39 PO 18501 -00

CFP 2001 NJ 38 PO 18501 -01

OMB Approval No. 2577-0044 (exp. 12/31/99)

CIAP Budget/Progress Report

Part: Summary

Comprehensive Improvement Assistance Program (CIAP)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

HAName	Modernization Project Number	FY of Grant Approval
HOUSING AUTHORITY OF THE CITY OF BEVERLY	NJ39PO1890398	1998

[] Original CIAP Budget [] Revised CIAP Budget / Revision Number [] Progress Report for Period Ending 03/30/02 [] Final Progress Report

Line No.	Summary by Development Account	Total Funds Approved		Total Funds	
		Original	Revised	Obligated	Expended
1	Total Non-CIAP Funds				
2	1406 Operations (may not exceed 10% of line 16)				
3	1408 Management Improvements	76,750.00	76,750.00	56,275.00	68,225.22
4	1410 Administration	41,757.00	41,757.00	12,525.00	16,150.00
5	1415 Liquidated Damages				
6	1430 Fees and Costs	53,250.00	89,087.00	93,906.00	93,906.00
7	1440 Site Acquisition				
8	1450 Site Improvement				
9	1460 Dwelling Structures	767,500.00	370,826.00	391,302.00	391,277.30
10	1465.1 Dwelling Equipment--Nonexpendable				
11	1470 Nondwelling Structures		360,837.00	385,249.00	42,698.00
12	1475 Nondwelling Equipment				
13	1485 Demolition				
14	1495.1 Relocation Cost				
15	1498 Mod Used for Development				
16	Amount of CIAP Grant (Sum of lines 2-15)	939,257.00	939,257.00	939,257.00	612,256.52
17	Amount of line 16 Related to LBP Testing				
18	Amount of line 16 Related to LBP Abatement	200,000.00	220,000.00	243,069.00	243,069.00
19	Amount of line 16 Related to Section 504 Compliance				
20	Amount of line 16 related to Energy Conservation Measures				

Signature of Executive Director and Date

HUD Certification: In approving this budget and providing assistance to a specific housing development(s), I hereby certify that the assistance will not be more than is necessary to make the assisted activity feasible after taking into account assistance from other government sources (24 CFR 12.50).

Signature of Director, Office of Public Housing / ONA Administrator & Date:

X

03/31/02 X

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CIAP Budget/Progress Report
Part II: Supporting Pages
 Comprehensive Improvement Assistance Program (CIAP)

U.S. Department of Housing
 and Urban Development
 Office of Public and Indian Housing

Development Number	Description of Work Items	Development Account Number	Funds Approved			Funds Obligated	Funds Expended
			Original	Revised	Difference		
NJ018-001	Management Improvements: Part-time Mod coordinator	1408.00	76,750.00	76,750.00	0.00	56,275.00	68,225.22
	Administration: Legal notices, legal fees, other consulting costs	1410.00	41,757.00	41,757.00	0.00	12,525.00	16,150.00
	Fees & Costs: A&E Fees for preparation of plans and specs and const supervision	1430.00	53,250.00	89,087.00	35,837.00	93,906.00	93,906.00
	Dwelling Structures: Replace plaster ceilings	1460.00	300,000.00	117,920.00	(182,080.00)	125,120.00	125,095.30
	GFI's in Kitchens & Baths	1460.00	15,000.00	0.00	(15,000.00)	0.00	0.00
	Abate lead-based paint	1460.00	200,000.00	220,000.00	20,000.00	243,069.00	243,069.00
	Upgrade bathrooms (Continuation of 1997 work item)	1460.00	40,000.00	32,906.00	(7,094.00)	23,113.00	23,113.00
	Upgrade kitchens	1460.00	212,500.00	0.00	(212,500.00)	0.00	
	Subtotal of 1460 work items		767,500.00	370,826.00	(396,674.00)	391,302.00	391,277.30
	Non-Dwelling Structures: Construct Handicapped accessible office building	1470.00	0.00	360,837.00	360,837.00	385,249.00	42,698.00
	TOTAL COSTS		939,257.00	939,257.00	0.00	939,257.00	612,256.52
			=====	=====	=====	=====	=====

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CIAP Budget/Progress Report

Part III: Implementation Schedule
Comprehensive Improvement Assistance Program (CIAP)

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

Development Number	First Architect/Engineer Contract Awarded			All Funds Obligated			All Funds Expended		
	Original	Revised (Attach explanation)	Actual	Original	Revised (Attach explanation)	Actual	Original	Revised (Attach explanation)	Actual
NJ018-001	1-31-99	03-31-2000		3-31-2000	09-30-2000		3-31-2001	12/31/2001	
Note: Additional time is requested to complete A&E on handicapped accessible building design and construction.									

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CIAP Budget/Progress Report**Part I: Summary**

Comprehensive Improvement Assistance Program (CIAP)

**U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing**

HAName	Modernization Project Number	FFY of Grant Approval
HOUSING AUTHORITY OF THE CITY OF BEVERLY	NJ39P01890499	1999

[] Original CIAP Budget [] Revised CIAP Budget / Revision Number [XX] Progress Report for Period Ending 03/31/02 [] Final Progress Report

Line No.	Summary by Development Account	Total Funds Approved		Total Funds	
		Original	Revised	Obligated	Expended
1	Total Non-CIAP Funds				
2	1406 Operations (may not exceed 10% of line 16)				
3	1408 Management Improvements	10,200.00			
4	1410 Administration	12,800.00			
5	1415 Liquidated Damages				
6	1430 Fees and Costs	6,876.00		7,850.00	6,995.00
7	1440 Site Acquisition				
8	1450 Site Improvement				
9	1460 Dwelling Structures	98,235.00		95,326.89	87,326.89
10	1465.1 Dwelling Equipment - Nonexpendable				
11	1470 Nondwelling Structures			24,934.11	
12	1475 Nondwelling Equipment				
13	1485 Demolition				
14	1495.1 Relocation Cost				
15	1498 Mod Used for Development				
16	Amount of CIAP Grant (Sum of lines 2-15)	128,111.00		128,111.00	94,321.89
17	Amount of line 16 Related to LBPT Testing				
18	Amount of line 16 Related to LBPA Abatement				
19	Amount of line 16 Related to Section 504 Compliance				
20	Amount of line 16 related to Energy Conservation Measures				

Signature of Executive Director and Date

HUD Certification: In approving this budget and providing assistance to specific housing development(s),
I hereby certify that the assistance will not be more than is necessary to make the assisted activity feasible after
after taking into account assistance from other government sources (24 CFR 12.50).

Signature of Director, Office of Public Housing / ONAP Administrator & Date:

X**03/31/02****X**

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CIAP Budget/Progress Report
Part II: Supporting Pages
 Comprehensive Improvement Assistance Program (CIAP)

U.S. Department of Housing
 and Urban Development
 Office of Public and Indian Housing

Development Number	Description of Work Items	Development Account Number	Funds Approved			Funds Obligated	Funds Expended
			Original	Revised	Difference		
NJ018-001	Management Improvements: Part-time Modernization coordinator	1408.00	10,200.00				
	Administration: Legal notices, legal fees, other consulting costs	1410.00	12,800.00				
	Fees & Costs: A&E Fees for preparation of plans and specifications and construction	1430.00	6,876.00			7,850.00	6,995.00
	Dwelling Structures: Electrical upgrade-electrical panel, meter and panels	1460.00	98,235.00			95,326.89	87,326.89
	Construct handicapped accessible office building	1470.00	0.00			24,934.11	
	TOTAL COSTS		128,111.00 =====			128,111.00 =====	94,321.89 =====

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CIAP Budget/Progress Report

Part III: Implementation Schedule
Comprehensive Improvement Assistance Program (CIAP)

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

Development Number	First Architect/Engineer Contract Awarded			All Funds Obligated			All Funds Expended		
	Original	Revised (Attach explanation)	Actual	Original	Revised (Attach explanation)	Actual	Original	Revised (Attach explanation)	Actual
NJ018-001	3-31-2000			9-30-2001			9-30-2002		

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CFPBudget/ProgressReport**Part I: Summary**
Capital Fund Program (CFP)**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

HAName	Modernization Project Number	FFY of Grant Approval
HOUSING AUTHORITY OF THE CITY OF BEVERLY	NJ39P01850100	2000

Original CIAP Budget Revised CIAP Budget / Revision Number		XX Progress Report for Period Ending 03/30/02 Final Progress Report			
Line No.	Summary by Development Account	Total Funds Approved		Total Funds	
		Original	Revised	Obligated	Expended
1	Total Non-CIAP Funds				
2	1406 Operations (may not exceed 10% of line 16)				
3	1408 Management Improvements				
4	1410 Administration	12,000.00		12,000.00	
5	1411 Audit Costs	500.00		500.00	
6	1430 Fees and Costs	1,500.00		1,500.00	2,250.00
7	1440 Site Acquisition				
8	1450 Site Improvement				
9	1460 Dwelling Structures				
10	1465.1 Dwelling Equipment--Nonexpendable				
11	1470 Nondwelling Structures	107,688.00		107,688.00	
12	1475 Nondwelling Equipment				
13	1485 Demolition				
14	1495.1 Relocation Cost				
15	1498 Mod Used for Development				
16	Amount of CIAP Grant (Sum of lines 2-15)	121,688.00		121,688.00	2,250.00
17	Amount of line 16 Related to LBPT Testing				
18	Amount of line 16 Related to LBP Abatement				
19	Amount of line 16 Related to Section 504 Compliance				
20	Amount of line 16 related to Energy Conservation Measures				

Signature of Executive Director and Date

HUD Certification: In approving this budget and providing assistance to a specific housing development(s), I hereby certify that the assistance will not be more than is necessary to make the assisted activity feasible after taking into account assistance from other government sources (24 CFR 12.50).

Signature of Director, Office of Public Housing/ONAP Administrator & Date:

X**03/31/02 X**

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CFPBudget/ProgressReport
PartII: SupportingPages
CapitalFundProgram(CFP)

U.S.DepartmentofHousing
andUrbanDevelopment
OfficeofPublicandIndianHousing

Development Number	DescriptionofWorkItems	Development Account Number	FundsApproved			Funds Obligated	Funds Expended
			Original	Revised	Difference		
NJ018-001	Administration: Legalnotices, legalfees, other consultingcosts	1410.00	12,000.00			12,000.00	
	Audit	1411.00	500.00			500.00	
	Fees&Costs: A&EFeesforpreparationofplans ansspecificationsandconstruction	1430.00	1,500.00			1,500.00	2,250.00
	NondwellingStructures: Constructhandicappedaccessible officebuilding	1470.00	107,688.00			107,688.00	
	TOTALCOSTS		121,688.00 =====			121,688.00 =====	2,250.00 =====

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CFPBudget/ProgressReport
PartIII: ImplementationSchedule
CapitalFundProgram(CFP)

**U.S.DepartmentofHousing
andUrbanDevelopment**
OfficeofPublicandIndianHousing

Development Number	FirstArchitect/EngineerContractAwarded			AllFundsObligated			AllFundsExpended		
	Original	Revised (Attachexplanation)	Actual	Original	Revised (Attachexplanation)	Actual	Original	Revised (Attachexplanation)	Actual
NJ018-001	3-31-2001			9-30-2002			9-30-2003		

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Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAN Name:		Grant Type and Number		Federal FY of Grant:	
HOUSING AUTHORITY OF THE CITY OF BEVERLY		Capital Fund Program Grant No: NJ39PO1850101		2001	
		Replacement Housing Factor Grant No:			
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no.)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending 03/31/2002 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGPF Funds				
2	1406 Operations	-	-	-	-
3	1408 Management Improvements	-	-	-	-
4	1410 Administration	12,000.00	-	12,000.00	-
5	1411 Audit	500.00	-	500.00	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	7,500.00	-	7,500.00	7,500.00
8	1440 Site Acquisition	-	-	-	-
9	1450 Site Improvement	-	-	-	-
10	1460 Dwelling Structures	-	-	-	-
11	1465.1 Dwelling Equipment-Nonexpendable	-	-	-	-
12	1470 Nondwelling Structures	103,666.00	-	103,666.00	-
13	1475 Nondwelling Equipment	-	-	-	-
14	1485 Demolition	-	-	-	-
15	1490 Replacement Reserve	-	-	-	-
16	1492 Moving to Work Demonstration	-	-	-	-
17	1495.1 Relocation Costs	-	-	-	-
18	1499 Development Activities	-	-	-	-
19	1501 Collateralization or Debt Service	-	-	-	-
20	1502 Contingency	-	-	-	-
21	Amount of Annual Grant (Sum of lines 2-20)	\$ 123,666.00	\$ -	\$ 123,666.00	\$ 7,500.00
22	Amount of line 21 Related to LBP Activities	-	-	-	-
23	Amount of line 21 Related to Section 504 Compliance	-	-	-	-
24	Amount of line 21 Related to Security-Soft Costs	-	-	-	-
25	Amount of line 21 Related to Security-Hard Costs	-	-	-	-
26	Amount of line 21 Related to Energy Conservation Measures	-	-	-	-

[illegible]

Part III: Implementation Schedule

FederalFYofGrant:	2001
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ReasonsforRevisedTargetDates

Actual

09/30/04

**Required Attachment __G__ : Component 10(b) Voluntary
Conversion Initial Assessment.**

- a. How many of the PHA's developments are subject to the required Initial Assessments? All
- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g. elderly 6 and/or disabled developments not general occupancy projects)? None
- c. How many Assessments were conducted for the PHA's covered developments? One
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: None